FEC

STATEMENT OF

FORM 1	ORGANIZATION	
1 OTTIVI 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, is changed) over the lines	type 12FE4M5
REPUBLICAN	PARTY OF VIRGINIA INC	
ADDRESS (number and s	treet) 115 EAST GRACE STREET	
(Check if address		
is changed)	RICHMOND	VA 23219 – 1741
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	floehr@rpv.org	
is onangos,		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
_	www.rnv.org	
(Check if address is changed)		
2. DATE M M M 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00001305	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDE	ED (A)
L certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true,	. correct and complete
,	· · · ·	, , , , , , , , , , , , , , , , , , , ,
Type or Print Name of	Treasurer Mr. Brian K Plum	
Signature of Treasurer	Electronically Filed by Mr. Brian K Plum	Date 0 6 7 0 2 7 2 0 1 0
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signin ANY CHANGE IN INFORMATION SHOULD BE REP	
Office		avenation contact.
Use	Federal Election Toll Free 800-4	n Commission FEC FORM 1

	FEC	Form 1 (Revised 02/2009)	Page 2		
5.		COMMITTEE (Check One) Committee:			
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete th information below.)	e candidate		
	Name of Candidate				
	Candidate Party Affilia	Office Sought: House Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party Com				
	(d) X		(Democratic, Republican,etc.) Party.		
	Political A	ction Committee (PAC):			
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is				
		Corporation Corporation w/o Capital Stock Lab	or Organization		
		Membership Organization Trade Association Cod	pperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Latina Francis				
		raising Representative:			
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political		
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political		
	Cor	mmittees Participating in Joint Fundraiser			
		1. FEC ID number			
		2. FEC ID number			
		3. FEC ID number			
		EEC ID number C			

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name)		
REPUBLICAN PARTY	OF VIRGINIA INC		
	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leader	rship PAC Sponsor
2008 Senate-RNC Victo	ory Committee		
		<u> </u>	
Mailing Address	310 First Street, SE		
	Washington	DC L	20003 _ [
	CITY	STATE 🛕	ZIP CODE
Relationship: Connected Organization	on Affiliated Committee X Joint Fu	undraising Representative	Leadership PAC Sponsor
Full Name Mailing Address	9305 Edington Dr		
	Richmond		23237 _
Title or Position ▼ Control	CITY A	STATE A Telephone number 804	ZIP CODE 1
	ne and address (phone number optional) of ny designated agent (e.g., assistant treasure		tee; and the
Full Name of Treasurer Mr.	Brian K Plum		
Mailing Address	1062 Brookstone Rd		
	Luray		22835
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
Treasur	er	Telephone number	_ 780 _ 0111

	FEC Form 1 (Revised	02/2009)		Page 4
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
		Tele	ephone number	
9.	Banks or Other Depositoric safety deposit boxes or main	tains funds.	committee deposits funds, hol	ds accounts, rents
	Name of Bank, Depository, e	tc.		
	Wach	novia Bank/Richmond		
	Mailing Address	1021 E. Cary St		
		7th Floor		
		Richmond		23219
		CITY 🗖	STATE ⊿	ZIP CODE 🛕
	Name of Bank, Depository, e	tc.		
	Wach	novia Bank		
	Mailing Address	1753 Pinnacle Drive		
		McLean	VA L	22102
		CITY 🙇	STATE ∡	ZIP CODE 🛕

A. Form/Schedule : **F1A**Transaction ID :

Response to FEC Letter of Jan. 11, 2008, reference the Amended Statement of Organization received on 12/18/07: Names of joint fundraising representatives included on Statement. Thanks

safety deposit boxes or maintain	is funds	•	
Name of Bank, Depository, etc.	o rando.		[ADDITIONAL]
Chain E	Bridge Bank		
	1445-A Laughlin Ave		
Mailing Address	THO A Ladginii Ave		
	McLean	VA L	22101
	CITY 🗖	STATE ∡	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Re	enresentative or Leade	[ADDITIONAL
The Special Teams Com			
Mailing Address	P. O. Box 75103		
	Washington	L DC	20013
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising R	Representative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
9			
Title or Position ♥	CITY A	STATE.	
Title or Position ▼		STATE ∆ Dhone number	ZIP CODE 4
Title or Position ▼ Joint Fundraiser Participant			ZIP CODE 14

Banks or Other Depositories safety deposit boxes or maintain		ittee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ADDITIONAL ership PAC Sponsor
Mailing Address	25 E. Main St		
	Richmond	L L	23219
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Re	presentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Maining / tour ood			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Teleph	one number	
			[ADDITIONAL]
Joint Fundraiser Participant		T-T	[,]
	FI	EC ID number	